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Gentlemen,—In accordance with the wish expressed at your last meeting, I have ventured to undertake the task of drawing up the report of our proceedings during the past year. Unqualified as I feel myself to be for the due performance of this undertaking, I will not waste your time in making fruitless apologies for the manner in which it has been accomplished. I will only say that my desire has been to act the part of a faithful historian of what has been said and done, rather than that of a critic of the opinions promulgated. Even if I had thought of aspiring to the latter office, the abundance of the materials placed at my disposal for insertion in this evening's address would have quite forbidden the idea. The few remarks I have interposed have been made, either with the view of connecting the reported cases, or of drawing attention to particular facts which appeared more especially worthy of notice. Before proceeding, however, to the specific matter of this report, I must bear witness to the admirable manner in which the minutes of our meetings have been kept by our excellent Secretary, Dr. Woodhouse. It is but justice to him to set out by observing, that should this address fail to interest you, or to present a faithful portrait of the principal features of the transactions of our Society during the past year, the fault lies in your Reporter, and not in your Secretary.

The arrangement which I have adopted in relating the cases, &c., which have been brought before us, is the same as that generally made use of by my predecessors,—that is to say, they have been arranged in reference to the various systems of the economy to which they belong, independently of the period at which they were presented to the Society. In only one point have I ventured to depart from the established custom, and that is with respect to the papers and communications, (very few, I regret to say, in number,) which I have also arranged under the same heads as the morbid specimens.

No. 14, July 14, 1847.

I.—DISEASES OF THE NERVOUS SYSTEM.

I am unfortunately enabled to present you only one case. The great interest which attaches to the disorders of the nervous centres and their ramifications, makes one regret that our reports are not richer in details of this class of diseases, and might induce us to ask ourselves the following mortifying question:—Is it because of the trouble which is necessarily incurred in making examination into the state of the brain, spinal cord, &c., that this paucity exists?

Hydrocephalus acutus.—On the 3rd of March, 1847, Dr. Woodhouse related the case of a child, aged fifteen months, who died from hydrocephalus, which came on in the usual insidious manner, and which leeches, blisters, and purgatives, with mercury, both internally and externally applied, failed to arrest.

On examination, the brain was found to be softened about the posterior cornua of the lateral ventricles, which latter contained a considerable quantity of serum. A brother of this child had died at the same age about twelve months before.

It may be remarked upon this case, that as no notice is taken of the state of the membranes, it is to be presumed that no tubercles were found in the meninges, and that therefore, as far as a single case can do, it invalidates the view of M. Rilliet, and other French pathologists, who look upon hydrocephalus as neither more nor less than tubercular meningitis. In opposition also to this view, your reporter may mention, that in a case of hydrocephalus acutus, which he not long since examined, with Mr. Day, and in which the lateral ventricles were much distended with serum, the membranes were carefully examined without discovering any tubercular infiltration.

II.—DISEASES OF THE RESPIRATORY ORGANS.

I have but little to offer you on this head. On the 2nd of Sept., 1846, Mr. Harrinson read the case of a man in whom he had found great distension of the bronchial tubes. He had been treated previously for phthisis. The lung was in a state of cirrhosis. Mr. Harrinson then gave the diagnosis between this disease and phthisis, and pointed out why it could not be the latter.

Sonorous Inspiration.—On the 4th of November, 1846, Dr. Cowan mentioned the case of a girl, aged 19, who, after a fright, was seized with a curious kind of sonorous inspiration, the seat of which appeared to be located in the larynx. It occurred regularly all

day, but ceased at night, which would imply that it was not *spinal*. Blisters to the nape of the neck, purgatives, &c., had produced no beneficial influence. It would appear to have been an hysterical constitution of the larynx.

III.—DISEASES OF THE CIRCULATING SYSTEM.

I am glad to say that in this division our materials are not so meagre as in the two preceding classes of disease.

Hypertrophied Heart.—On the 4th of November, 1846, Mr. Harrison presented a heart, which he had removed a week ago from a man to whom he was called in the night, but the patient had died before he could reach him. He had always enjoyed good health, excepting slight dyspnoea on exertion. On examining the chest some time previously, he had found the pulsation of the heart so excessive, that it shook the chair whereon the patient sat. There was a soft *bruit de soufflet* all over the heart, and great regurgitation in the vessels of the neck. He diagnosed obstruction of the valves, with regurgitation probably through both the aortic and mitral valves.

On examination after death, the lungs were found quite healthy. The pericardium was perfectly adherent; the heart enormously enlarged; the left cavities excessively dilated; the right very small; the arch of the aorta dilated. The aortic valves contained some gritty deposits, and were patulous, allowing regurgitation. His only ailment had been a rheumatic gouty affection of the knuckles.

Cyanosis.—On the 5th of August, 1846, Mr. May presented to the Society the heart of an infant who was born cyanotic. A few days after birth floridity was somewhat increased, but about the seventh week the child sank. On examining the heart, the foramen ovale was open; and, as was usual in about half of these cases, the pulmonary arterial valves were coercted or obstructed; the right side was hypertrophied, evidently from an effort of nature to overcome the obstruction.

This interesting case may be said to confirm the opinion of Dr. Craigie, that the anatomical cause of the open foramen ovale, and the hypertrophy of the right ventricle, is to be found in the contraction of the pulmonary artery, and that the open foramen ovale is to be regarded in the light of a safety valve, to relieve the impeded pulmonary circulation.

That the open foramen ovale is not, as was at one time supposed, the cause of death, is proved among other instances by one which has been related by Dr. Spitta, in the "*Medico-Chirurgical Transactions*" for 1846. He has there given an account of a case of cyanosis of 40 years' standing, in which the pulmonary artery was obstructed, the right side of the heart hypertrophied, and the foramen ovale patulous.

Aneurism.—It is hoped that the interest of the following case, in reference to the treatment of aneurism by compression, will plead for the length at which it is reported.

On the 8th of July, 1846, Mr. May presented specimens of diseased arteries, taken from George

Rogers, a milkman, of sober habits, who was admitted into the Hospital on June 9, 1846, with aneurism of the posterior tibial artery. His countenance was anxious; he had not been subject to gout or rheumatism, nor affected with syphilis. Some little time back, while carrying a load of milk, he felt something give a popping sensation in the calf of the right leg, followed by pain and swelling of the part.

On admission, the calf of the leg was found to be hard and swollen; pulsation was felt over the whole swelling, synchronous with the heart. The aneurismal bruit was very distinct. By pressure on the femoral artery the pulsation was obliterated, and the sac much diminished in size. The superficial veins were distended.

It being determined to treat the case by pressure, this was applied over the superficial femoral in such a manner as to diminish, without interrupting, the current of blood. This was accomplished by means of two tourniquets,—viz., Sanctorini's, and a modification of Dr. Oke's, made by Weiss. The former was found the more useful. Pressure was also made occasionally by the thumb on the common femoral artery. By alternately tightening one, and then the other, tourniquet, this treatment was continued without any material discomfort until the 28th. At this time there appeared a decided improvement in the condition of the aneurism. Compression of the artery was now directed to be made more continuously, and so as completely to stop the circulation through the aneurism. On the 30th pounded ice was also applied to the tumour.

On July 2nd, Mr. May states, "At my visit this morning I found that he had passed a restless night, with slight delirium; he was confused, and had some subsultus. Tongue furred; pulse frequent and sharp. He became quiet during the day, but towards evening the cerebral symptoms were more pronounced; he became unconscious, and the respiration much embarrassed."

On the morning of the 3rd, paralysis of the left side was observed, and he died at one o'clock p.m.

Post-mortem. The vessels of the pia-mater were much engorged; both ventricles distended with dark fluid blood. There was a large coagulum (one and a half ounces,) in the posterior lobe of the right hemisphere. Lungs healthy; pleura adherent at the apex of left side; a chain of hardened glands were found dipping into the chest under the first left rib. Heart: the edges of the semilunar valves and opposing surfaces of the aorta were irregular, thickened, and contained here and there bony deposit; the rest of the aorta was healthy. The femoral arteries were diseased alike, bony matter being deposited in each from half an inch below the profunda to their termination. The two ends of the ruptured posterior tibial artery could be traced into the aneurismal sac, which now appeared of the size of a duck's egg. It was invested by the deep fascia, and the posterior tibial nerve was tensely stretched over it. The sac contained two-thirds of firm fibrin, and one-third of dark coagulated blood; the fibrin was deposited at the upper or cardiac side of the sac, and the blood at the lower or distal; the

fibrin was in one solid mass, not laminated. The artery was much diseased both above and below. The femoral artery at the portion submitted to compression was flattened, and there was slight echymosis of the muscles of the thigh, as well as about the gastrocnemius and soleus.

In reference to this case, Mr. May observed, that he had no doubt but that the deposition of the fibrin was the result of treatment, as before this was commenced, the sac could be emptied. The shape of the deposit, the large end above the thin end, together with the blood below, was a fact of the greatest importance. It shewed that the blood probably entered from below, and it strongly suggested the propriety of making compression in that situation. This peculiar modification in disease of the artery was noticed by Bizot, who asserts that the posterior tibial artery and the cerebral arteries were the most liable to assume it. Bizot also asserts the symmetrical occurrence of arterial disease to be an absolute law. These remarks would seem to receive striking confirmation from this interesting case.

Mr. May much regretted the attempt entirely to stop the circulation, as he had no doubt but that it was the more immediate cause of the patient's death. The proper object of the treatment was, by diminishing the impetus, to give time for the separation of fibrin in the sac, and thus to obliterate its cavity. Had more time been given in this case, the result would probably have been different. Ligature of the artery at any point below the common femoral would have failed by hæmorrhage in consequence of its diseased condition, and had a ligature been placed higher up, the risk of mortification would have been incurred. Mr. May considered that the case told strongly in favour of compression, if conducted in a more slow and gradual manner, and said that in a similar case, he would apply pressure first on the cardiac side of the tumour, and afterwards on the distal also, the object being to diminish, but not to stop the current through it.

In confirmation of the practice which this important case has induced Mr. May to recommend, it will be remembered that in the twelve cases of aneurism cured by compression, which were related to the Surgical Society of Ireland, by Dr. Bellingham, and of which nine were popliteal and three femoral, the femoral artery could be traced nearly as far as the sac of the aneurism, shewing that the artery was not obliterated at the point of compression. Dr. Bellingham then stated that the compression should not be carried so far as completely to intercept the circulation, as the consolidation of the aneurism would be more quickly effected by allowing a feeble current to pass through the sac of the aneurism.

Instrument for the Treatment of Aneurism by Compression.—While on the treatment of aneurism by compression, I may mention that on the 2nd of September, 1846, Mr. F. Bulley exhibited to the Society the model of a very clever instrument, which he had recently invented for this purpose. As a drawing of this instrument, with a description of its use has been already published in the *Medical Times*, it will be

sufficient to remark in this place, that the invention received the unanimous approval of the Society.

Aneurismal Varix.—On the 30th of September, 1846, Mr. Harrinson presented a drawing of an aneurismal varix. When the subject of it was three years old, another child threw a sharp knife at her, which struck the temple. The mother withdrew the knife; a little blood followed, and soon after a swelling appeared, which is now daily increasing. A bruit of a very intense character is heard on applying the stethoscope to it. Mr. Harrinson diagnosed it to be a case of aneurismal varix, and presumed that the knife had transfixed the vein, and wounded the temporal artery, and that the two now communicated with each other. It might be treated by pressure, ligature, or electro-puncture.

Aneurism of the Aorta.—On the 28th of April, 1847, Mr. Day presented an interesting specimen of aneurism of the aorta, with the following history. He was attending Mrs. A., aged 40; she had been a strong active woman till eight months ago, when her health first began to fail; had been married twenty years, and had one child nineteen years old. She complained of pain and difficulty in swallowing, requiring fluids to accomplish it, with severe pains in both shoulders, and a short hacking cough; but she had no severe cough indicative of diseased lung. He considered her complaints nervous, and treated her accordingly. Her chest was not examined. One day while eating her dinner, a quantity of blood gushed from her mouth, and she instantly died.

Post-mortem, a few hours after death. Present: Mr. Harrinson. Pharynx, bronchi, &c., filled with blood; lungs remarkably healthy. On turning out the left lung and examining the aorta, a dilatation of considerable size—an aneurism—was seen at the commencement of the descending aorta, after giving off the left subclavian artery. The aneurism was intimately adherent to the bodies of the third and fourth dorsal vertebrae, which were carious and indented. On carefully laying open the œsophagus posteriorly, an opening was seen on its anterior aspect, large enough to admit a finger, and irregular in shape, communicating with the aneurismal sac, through its posterior wall. It was the establishment of this communication that had given rise to the hæmorrhage, so sudden and so fatal. Heart small; valves healthy; the aneurismal sac was lined by some layers of fibrin. The rest of the aorta and the large vessels were apparently free from disease. It may be remarked that the left vertebral artery arose from the aorta between the carotid and the subclavian. Stomach much distended, reaching nearly to the pubes; it contained three or four pounds of blood; the intestines were also filled to a greater or less extent with blood. Left kidney large; right small; both mottled; bladder remarkably contracted. Uterus larger than normal; left ovary as large as an orange, forming a simple sac, containing fluid; right ovary beginning to degenerate in a similar manner. Liver small, contracted, hard; gall-bladder confined and nearly obliterated by firm adhesions, which were numerous on the inferior surface of the liver. It was interesting to note the condition of the uterine appendages in connection with her history.

Mr. Harrison then referred to the diagnosis of aneurisms of the ascending and descending aorta. In the former, the trachea being involved, aphonia would be present; while, in the latter, the œsophagus being pressed on, dysphagia would be the prominent symptom, as in the case just related.

This case shews the necessity of exercising great caution in the use of the probang in instances of dysphagia. Had that instrument been used in the present instance, there is little doubt that a fatal result would have immediately followed its application, and ignorance might have attributed death to the manipulation of the surgeon.

IV.—DISEASES OF THE DIGESTIVE SYSTEM.

Acute Glossitis, Pharyngitis, &c.—On the 2nd of September, 1846, your reporter mentioned the case of a young lady, to whom he had been called, who had during an hysterical fit swallowed an ounce of pure spirit of hartshorn. Violent inflammation of the tongue and fauces followed. She was unable to swallow lemonade, but managed to take some iced water, by holding the ice in her mouth, which evidently relieved her distressing symptoms. Leeches were applied to the external fauces, and aperient enemata administered, and after a few days she perfectly recovered.

Convulsions and Death after over-feeding in a Child.—It may be doubted whether the following case should stand where it does, or should have been arranged among the diseases of the nervous system. On the 3rd of March, 1847, Mr. Harrison related a case which had occurred to him about a month previously. It was that of a child, three years of age, who after being feasted on the anniversary of its birth-day, became sick in the evening, with slight paralysis of one side. On the following evening when he saw it, there had been violent convulsions. Supposing it to be a case of indigestion from over-loaded stomach, he prescribed calomel and jalap, which operated freely. The child, however, passed a restless night, and on the following day he found it moribund, with profuse perspiration of the head and face. No examination of the body was allowed, and Mr. Harrison doubted whether the symptoms were attributable to the stomach or head.

In reference to this case, Dr. Woodhouse mentioned that of a girl, which had been reported to him by a medical friend, where after a hearty meal of cold beef and carrots, coma supervened. Bleeding, cupping, &c., were used without benefit. His friend suggested the exhibition of an emetic, which instantly restored her to consciousness.

Perforation of the Stomach.—On the 3rd of March, 1847, Mr. J. Workman exhibited an ulcerated stomach, and gave the following outline of the case. He was called in great haste to a female, whom he found lying before the fire complaining of great pain over the epigastric region. He administered some anodynes, but on the next day found that no improvement had taken place. She gradually sank in thirty-six hours. Upon examination he found the abdomen filled with effused matters. There was a large ulcerated opening, with

thickened edges, in the lesser curvature of the stomach. He knew nothing of the previous history of the case, but understood she had been an out-patient at the hospital, complaining of an affection of the stomach and heart.

It is much to be regretted that Mr. Workman was, owing to circumstances, unable to furnish the Society with more accurate data of this case. It would have been interesting to know whether it confirmed the opinion at which Mr. Crisp has arrived, "that uterine derangement is, in the majority of cases, the predisposing cause of this affection." Unfortunately, however, the age of the subject is not stated, and we are, therefore, unable in the present instance, to connect the disease with the period of the catamenia. It will be observed that the perforation was situated in the lesser curvature of the stomach, which is almost always the point of election where females fall victims to this fearful disorder. Since the above was written, I have ascertained that her age was about 45.

Perforation of the Ileum.—On the 2nd of September, 1846, Mr. Walford presented a portion of the ileum of a man aged 28, who was seized in the night with violent pain in the bowels. He lived from the 25th to the 27th, (forty-eight hours.) A perforation of the bowel was suspected, and on examination after death, the ileum was found to be ulcerated, an ulcer at one point opening into the peritoneal cavity. The coats of the intestine were thickened, and traces of peritoneal inflammation were discovered. Mr. Walford had not attended the patient previously, but learnt from his wife that he had never been well since an illness he experienced in February last, the nature of which could not be satisfactorily made out.

Mr. May remarked that these cases generally occurred in connection with tubercles or typhus fever. This was the rule; their occurrence, independently of these complications, was the exception.

Congenital Contraction of the Intestines.—On the 3rd of February, 1847, Mr. Harrison presented the intestines of a child, apparently healthy when born, but who soon began to decline in strength, and to vomit. He examined the anus and rectum, and found it pervious for two inches, but above that point he could pass no instrument. Vomiting of the meconium continued, with inability to retain the milk it sucked, or any other fluid on the stomach, and it gradually sank, with all the appearance of strangulated or obstructed bowels.

On examining the abdomen the intestines presented the following curious appearance:—The upper portion of the jejunum was contracted, this contraction gradually extended along the ileum and colon, until it ended in the rectum in an almost perfect *cul de sac*.

Mr. Harrison regretted that he had not persevered in the use of enemata, as they might possibly have distended the rectum. He did not consider the contraction as pathological, but as physiological; it appeared to be due to a want of secreted matter to pass downwards, and he regretted that he had not examined the liver more minutely, to ascertain if there was a proper secretion of bile.

Cancer of the Cæcum.—On the 2nd of September, 1846, Mr. Harrinson read a case of cancer of the cæcum, accompanied with obstruction of the bowels, in which the small intestines were found distended with flatus, the colon empty, and much contracted. The cæcum was found to be enveloped in a mass of cancerous matter, larger than a man's fist, with an adherent nodule the size of a walnut, and connected at its upper part with the lower edge of the liver. Small masses of similar deposit were also observed scattered through the mesentery, omentum, on the surface of the liver, and in the cavity of the pelvis. One of a larger size half surrounded the sigmoid flexure of the colon. The internal structure of the liver, kidneys, stomach, &c., was apparently healthy. On examining the cæcum the termination of the ileum was greatly dilated, and distended with fæces. The ileo-colic valve was perfect, but much hypertrophied and elongated, extending into the cæcal cavity, like an elongated cervix uteri. On laying open the cæcum, it presented a large irregular ulcerated cavity, with the walls from a quarter of an inch to one inch in thickness, and containing masses in a state of separation or mortification, and of extreme fœtor.

Two questions arose in this case as to the cause of the obstruction,—1st., as to whether it was fæcal or mechanical; 2nd., as to the seat of the obstruction. The farther the obstruction is from the pylorus, the less is the pain and the vomiting. As these were not very great, the inference was, that it was low down. The great distension also proved this. Another circumstance which indicates the seat of the obstruction, is the effect on the urine; when it is seated high up, the urine is more or less suppressed; when low down, it is not affected. Speedy or tardy collapse also follows the same rule.

In the conversation which ensued upon this case, Mr. May mentioned that in cases of obstruction he had found the best treatment to consist of enemata; if, after their exhibition, there was no improvement, he had recourse to opium, with leeches and poultices. He considered the virtue of the opium consisted in restraining the peristaltic action of the intestine, and quieting the system, and he believed we were generally in error as to the necessity of emptying the bowels, for that the retention of fæcal matter for a longer time than usual, was of no great detriment.

Secondary Cancer of the Liver.—On the 30th of September, 1846, Mr. May presented a portion of the liver which he had taken from a lady who died two days previously. He gave the following history of her case:—She had not borne a child for ten years, when she became pregnant about two years ago. At the beginning of her pregnancy she came to him for an affection of the mamma, which he found to be scirrhus. It was treated with palliatives. She went through her pregnancy well, got through her labour easily, and continued to enjoy tolerable health for some time. She then began to complain of pain in the back, and was unable to ride on horseback, and take her usual exercise. She became emaciated, sub-jaundiced, and the subject of ascites.

Upon examination after death the liver was found to be very much enlarged, and having a lobulated appearance. Upon cutting into the lobules, they were found to contain nodules of scirrhus deposit. The internal structure of the liver was also hardened, and put on the character of cirrhosis. Mr. May remarked that Dr. Walshe does not exactly describe this form of the disease, and says that cirrhosis and cancer do not usually accompany each other. But he (Mr. May,) did not see why they might not co-exist. There were about three gallons of sero-purulent fluid in the abdomen. The kidneys and uterus were healthy; the mamma was scirrhus, confirming the curious fact that where cancer is found in the breast, it does not affect the uterus, and *vice versa*. There was some fluid in the chest, and the apices of both lungs were occupied with cancerous infiltration to a small extent. Some of the deposit taken from the liver, shewed under the microscope several nucleated cells, floating around large globules of fat.

Enlarged Spleen.—On the 2nd of December, 1846, Mr. Harrinson presented part of the lungs, liver, and an enormous spleen, removed from a gentleman, aged 67, a native of Lincolnshire, where he had ague. He had left that county, however, at 18 years of age. He was of active habits, and his general health had been remarkably good; it had, however, been failing for the last twelve months. His great complaint was pain across the stomach, and constipation. He never had sickness, vomiting, or spasms. While much as usual he was seized with a violent rigor, and quickly afterwards became partially insensible. Next day he was found to be jaundiced, alternating between a state of coma and muttering delirium, with a dry skin, feeble pulse, and troublesome cough. The abdomen on examination, was found much distended, liver enlarged, and in the left hypochondrium a tumour, part of which from its prominence could be laid hold of by the hand. He continued in much the same state, with intervals of partial coherence, for six days, when he died.

Post-mortem.—Lungs much loaded with melanotic deposit; slight adhesions, with a small deposit of doubtful adventitious tissue, at the base of each lung; liver large, with two or three slight portions, offering a mother-of-pearl appearance; stomach adherent above to left lobe of the liver, and behind extensively to a large mass of scirrhus deposit, lying on the spine and around the aorta; spleen enormously enlarged, and proving to have formed the tumour which had been observed in the left hypochondrium during life.

In this case the enormous enlargement of the spleen is curious, when viewed in connection with the ague from which the patient suffered in early life, as it is well known that M. Piorry has ascribed the pathology of ague to enlargement of that viscus.

(To be continued.)